

FINANCIAL AFFIDAVIT			
IN SUPPORT OF REQUEST FOR ATTORNEY, EXPERT OR OTHER COURT SERVICES WITHOUT PAYMENT OF FEE			
IN UNITED STATES	<input type="checkbox"/> MAGISTRATE	<input checked="" type="checkbox"/> DISTRICT	<input type="checkbox"/> APPEALS COURT or <input type="checkbox"/> OTHER PANEL (Specify below)
IN THE CASE OF			
UNITED STATES	V.S.	FOR	LOCATION NUMBER
		AT	
PERSON REPRESENTED (Show your full name)		DOCKET NUMBERS	
<i>Christian (Don) A. Hyslop Remondor C. Hyslop</i>		Magistrate <i>04-1716 CBS</i>	
		District Court	
		Court of Appeals	
CHARGE/OFFENSE (describe if applicable & check box →)		1 <input checked="" type="checkbox"/> Defendant - Adult 2 <input type="checkbox"/> Defendant - Juvenile 3 <input type="checkbox"/> Appellant 4 <input type="checkbox"/> Probation Violator 5 <input type="checkbox"/> Parole Violator 6 <input type="checkbox"/> Habeas Petitioner 7 <input type="checkbox"/> 2255 Petitioner 8 <input type="checkbox"/> Material Witness 9 <input type="checkbox"/> Other	

ANSWERS TO QUESTIONS REGARDING ABILITY TO PAY

EMPLOYMENT	Are you now employed?	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No	<input type="checkbox"/> Am Self-Employed									
	Name and address of employer:												
	IF YES, how much do you earn per month? \$	IF NO, give month and year of last employment											
		How much did you earn per month? \$											
	If married is your Spouse employed?	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No										
	IF YES, how much does your Spouse earn per month? \$	If a minor under age 21, what is your Parents or Guardian's approximate monthly income? \$											
ASSETS	OTHER INCOME	Have you received within the past 12 months any income from a business, profession or other form of self-employment, or in the form of rent payments, interest, dividends, retirement or annuity payments, or other sources? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No											
		<table style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th style="width: 50%; text-align: center;">RECEIVED</th> <th style="width: 50%; text-align: center;">SOURCES</th> </tr> </thead> <tbody> <tr> <td>IF YES, GIVE THE AMOUNT RECEIVED & IDENTIFY THE SOURCES</td> <td></td> </tr> <tr> <td>\$</td> <td></td> </tr> <tr> <td></td> <td></td> </tr> <tr> <td></td> <td></td> </tr> </tbody> </table>			RECEIVED	SOURCES	IF YES, GIVE THE AMOUNT RECEIVED & IDENTIFY THE SOURCES		\$				
RECEIVED	SOURCES												
IF YES, GIVE THE AMOUNT RECEIVED & IDENTIFY THE SOURCES													
\$													
	CASH	Have you any cash on hand or money in savings or checking accounts? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No IF YES, state total amount \$											
	PROPERTY	Do you own any real estate, stocks, bonds, notes, automobiles, or other valuable property (excluding ordinary household furnishings and clothing)? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No											
		IF YES, GIVE THE VALUE AND DESCRIBE IT	VALUE	DESCRIPTION									
				<i>1972 Honda Accord 4 cyl. 1.6L engine</i>									

OBLIGATIONS & DEBTS	DEPENDENTS	MARITAL STATUS	Total No. of Dependents	List persons you actually support and your relationship to them
		<input type="checkbox"/> SINGLE <input type="checkbox"/> MARRIED <input type="checkbox"/> WIDOWED <input checked="" type="checkbox"/> SEPARATED OR DIVORCED	<i>6</i>	<i>DAIANA (daughter) SAUL (son)</i> <i>CHRISTIE (")</i> <i>PAUL (")</i> <i>JEVRI (son)</i> <i>BECKY (daughter)</i>
DEBTS & MONTHLY BILLS	APARTMENT OR HOME:	Creditors		
		Total Debt		
(LIST ALL CREDITORS, INCLUDING BANKS, LOAN COMPANIES, CREDIT ACCOUNTS, ETC.)			\$	\$
			\$	\$
			\$	\$
			\$	\$
				Monthly Payment

I certify under penalty of perjury that the foregoing is true and correct. Executed on (date)

SIGNATURE OF DEFENDANT
(OR PERSON REPRESENTED)*Julio E. Bernabe*